

1.) CORPORATION NAME: DANA Ventures, Inc.	DUE DATE: 5/31/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DONNA K PARRISH 1595 BLACKBERRY LANE HARRISONBURG, VA	SCC ID NO: 05770094
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ROCKINGHAM COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1595 BLACKBERRY LANE

CITY/ST/ZIP: HARRISONBURG, VA 22802

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DONNA PARRISH TITLE: PRESIDENT ADDRESS: 1595 BLACKSBERRY LANE CITY/ST/ZIP/CO: HARRISONBURG, VA 22802	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: ALLISON WILSON TITLE: VICE PRESIDENT ADDRESS: 5381 GREENMOUNT RD CITY/ST/ZIP/CO: HARRISONBURG, VA 22802	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: JOHN WILSON TITLE: TREASURER ADDRESS: 5381 GREENMOUNT ROAD CITY/ST/ZIP/CO: HARRISONBURG, VA 22802	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: TIMOTHY PARRISH TITLE: SECRETARY ADDRESS: 1595 BLACKSBERRY LANE CITY/ST/ZIP/CO: HARRISONBURG, VA 22802	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ALLISON WILSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ALLISON WILSON, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/26/2013 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.